

MAD DOCTORS



MAD DOCTORS

BY

ONE OF THEM

*BEING A DEFENCE OF ASYLUM PHYSICIANS AGAINST RECENT
ASPERSIONS CAST ON THEM, AND AN EXAMINATION
INTO THE FUNCTIONS OF THE LUNACY COM-
MISSION, TOGETHER WITH A SCHEME
OF LUNACY REFORM*



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MAD DOCTORS.

INTRODUCTION.

It is curious that there are only three professions. All over the civilised world, parsons, lawyers, and doctors are regarded as members of the three professions, and the rest of the world is placed in a heterogeneous mass and called unprofessional. However, when the word is used loosely, we sometimes speak of actors and so forth being professionals, and in the athletic world the word simply implies the pursuit of athletics in the pursuit of money. But this only shows to what base uses words may come, and everyone still recognizes the three professions, the earthly trinity of intellect. It is impossible to say that there is anything in common between these three classes of men, and doubtless for the origin of the idea we must look to the middle ages when these classes had the monopoly of even such rudimentary knowledge as reading and writing, and benefited largely by the exclusive possession of what are now deemed necessities by the poorest.

We need not here delay on the question of parsons. We may safely leave their character in the hands of those ladies who have been unsuccessful suitors for the hand of some "pale young curate." This pursuit of marriageable parsons is a curious failing of the fair sex. Do they want a spiritual guardian, who will, at the same time, satisfy their earthly longings? Is it, in fact, an effort to "make the best of both worlds," to solve the problem that presents itself to the weaker sex particularly?

" Women, things that live and move,
Mined by the fever of the soul,
They seek to find in those they love
Stern strength and promise of control."

We may remark that as suitors for the hands and hearts and (most of all) the hearths of parsons, the fair sex keep to the maxim laid down by Horace, "*ne sutor ultra crepidam*," which being interpreted is, "you must not pursue parsons with matrimonial intentions except by making them worked slippers." We will not enter into competition with the author of the "Private Secretary," we will only say that few people now attribute any occult powers to clergymen. We all regard them as living examples of the happiness of virtuous lives, but we have completely emancipated ourselves from any belief in the supernatural powers with which they were formerly credited. It is only the doctor who stalks in our midst still cloaked in the mystic glamour with which our ancestors invested the three professions. On him only has the mantle of mystery fallen. As to lawyers, does anyone believe in them? They are the catspaws which rake the golden nuggets for us from the fiery furnaces of legal procedure. They do the mean work from which we shrink. They are the laundry women who refuse to let us wash our dirty linen at home. Breathes there a man who has any faith in a lawyer, as a lawyer?

How very different it is with the medical profession. The earth is full of their glory. They are our guardians from the womb to the tomb. They penetrate the recesses of our most secret thoughts, they enter into our inmost soul. They disturb us even before we make our appearance on this earthly scene, they expedite our ignominious entry. They never leave us or forsake us, they are about our beds, and in all our ways, and they never rest till they see us safe beneath the green sod of the churchyard, buried in the bowels of Mother Earth, where we are peacefully disintegrated, and awarded a molecular resurrection, and live again in tender blades of grass, in the petals of tiny flowers, or in the limbs of mighty trees. Think of it and rejoice, ye who live, the earth-distilled essences of our ancestors rise toward heaven in flower and tree. But even here the doctor does not forsake us. If we happen to die of anything peculiar, we live again in the words, "Do you remember poor old ——? Ah, that was a funny case. I never was quite sure what he died of." Thus here we live again. As the smoke curls delicately in expanding spirals from the old and trusty pipe of our medical adviser, our errors and our

weaknesses are lugged into the light for the momentary gratification of him we thought our friend. Do the waves of sound, as they flow from his mouth, cease to undulate before they dash in billowy confusion on the shores of the spirit world? Do they perturb the forlorn spirit as he works out his future development on the limits of space; do they fill the blushing shells of the heavenly shore with eternal whisperings of our failures and weaknesses?

Now what has the medical profession done to justify their unique position? No one will deny the power of the medical man upon our lives and destinies. In the house of illness the doctor is as absolute an autocrat as the captain on the quarter-deck. When pain and anguish wring the brow he is our king, almost our God. We are as completely at his mercy as we are at the mercy of the hairdresser who flicks his razor with perfect *sangfroid* over our carotid.

Of course much of this is unavoidable. But what we want is an intelligent appreciation by the public of the limited powers of medical men. We wish to supply every man and woman with a salt-cellar from which they may take a pinch whenever their medical adviser may be laying down rigid rules of life. We want to teach the public that medical men work mostly in regions where the light of science is yet but dim. We want the public not to take for gospel truths what are generally but intelligent guesses.

Now the first condition for the perfect treatment of disease would certainly be a complete comprehension of the human organism in health. This is impossible at present. Much has been discovered, but the best physiologists agree that there remains to be discovered far more than as yet has been discovered. Thus, supposing that the organisation of all human beings was alike, treatment would be imperfect though a far simpler problem than at present. But of all the facts that modern science has brought clearly into light, there is none more certain than the infinite multiplicity of individual variation.

Naturalists who have examined large numbers of individuals of the same species, have found that variations in the size of both internal and external structures are universal, and everybody knows that brothers and sisters vary to an enormous

degree. George Eliot in a very fine passage upbraids the cruelty of nature in separating individuals akin in physical organisation "by the subtler web of the brain." Everyone has seen examples of this, but the physical variations are just as numerous and important. Every human being is born with tendencies and potentialities, likes and dislikes, organic possibilities and organic impossibilities. Each individual is plastic and receptive in some directions, tough and unimpressionable in other directions. The tyranny of organisation is a stern fact. But while we know something of these facts, nothing is known as to a thousand more delicate and subtle differences which we can have no doubt exist. It is known that drugs act very differently on different people; we call this idiosyncrasy, but it is certain that, in the future, much more attention must be paid to this branch of medicine. What is the present procedure? Certain drugs are generally given in certain diseases. We believe that in his choice of these, the amount of dose, and the method of administration, the medical man is determined by the best reasoning possible at the present time. But there are two most unscientific features in this process. In the first place, it is quite impossible for the medical man to weigh the peculiarities and proclivities of the organism with which he is dealing, and in the second place, it is quite certain that the exact actions of the drug are quite unknown. In no case can the medical man be quite sure as to what the drug actually does; in nine cases out of ten he does not know how or where the drug is decomposed, nor what becomes of it. As has been well said, he puts a drug of which he knows little into a body of which he knows less. Moreover, we must remember that there is a most beautiful system of compensation throughout the body, so that when a drug affects any particular region or organ, the first thing that happens is that the rest of the body makes arrangements in other parts which probably nullify and certainly modify the primary action. For instance, if we increase the circulation in one organ, we know that an immediate readjustment of the circulation in other organs occurs. What the final result of the numerous changes is we do not at present know. If we put these two things together, the unknown peculiarities of the individual, and the partially unknown

primary action, and almost entirely unknown secondary actions of the drug, we can see what a game of blind hookey is the administration of drugs. Especially if a busy doctor (and who would consult an unemployed doctor) has to treat from forty to a hundred patients each day, we can see what a rough and ready matter the practice of medicine becomes. It may be objected, but if all this is true, how is it that the doctors do so much good? The answer is plain, because the medical man either trusts to his own experience or to the communicated experience of others. Empiricism, which means practice based upon experience, not theory, is much derided by sanguine believers in the speedy methods of modern medicine. But every honest physician will allow that when the pinch comes, an ounce of experience is worth a ton of theory. We arrive thus at two conclusions. First, that the mere administration of drugs is in itself a very small factor in the process of recovery, and is often only a concession to the superstitious beliefs of the public; and secondly, that the administration of drugs is seldom based upon profound theories of the condition of affairs it is intended to relieve, but is empirical, that is to say, is based upon the individual experiences of the doctor and the communicated experience of others. We may safely say that the use of all the most important drugs in the pharmacopia was begun empirically, and that we owe little or nothing to the various drugs which were discovered as the result of *a priori* reasoning in the chemical laboratory, or recommended by the results obtained by vivisection. There are scores of drugs which have been proved by these *a priori* considerations to be important, but which in practice have proved nearly useless.

Our readers will at once ask, How then does recovery ever occur? The answer is simple, because there is in every organ of the body a tendency to recover from injurious influences, a recuperative power which is the most important factor in any cure. This is well seen in the restoring power of sleep. Who knows the exact nature of the changes that occur in sleep, the "certain knot of peace?" and yet who does not know that, no matter how weary and stale we go to bed, we can, if sleep is granted, arise in the morning with a good deal of the freshness and vigour of youth?

“Come, blessed barrier betwixt day and day,
Dear mother of fresh thoughts and joyous health.”

This recuperative power of nature is also very well seen in the process of the healing of a simple cut on the hand, for instance. If any one will take the trouble to examine the wound a few hours after infliction, he will find a layer of semi-transparent gummy matter between the cut edges. This is a portion of the blood which thus affords the healing material. Now, this simple process is extremely important, for without its occurrence the medical world would be helpless. Not all the drugs in the world, nor any amount of surgical skill, could bring about this process. The surgeon takes advantage of it and aids it, but he cannot initiate it. Now, we do not want to press an analogy, but it is quite clear to us that what is called disease is often an effort of nature to overcome an injury received or to eliminate deleterious matters, received from without or manufactured within the body by abnormal functioning, and that if we look upon disease not as an actual entity, but as a disturbed condition of normal functions, we are in every case confident that the natural forces of the body are making every possible effort to restore the normal state of things, and that anything medicine can do is quite subsidiary.

Now the golden rules of medicine are, avert the tendency to death, and place the patient in the best possible conditions for recovery. Then, of course, if any well-established drug can be proved to act with nature, it should be given. It is all very well to call this the “let alone treatment,” or “the expectant treatment,” but it is quite certain that the most distinguished doctors, who are also scientific men, have found it to be invariably the case, that the more they saw of disease, the less they believed in the efficacy of the drugs they had been using for years, and the more they believed in the power of the natural forces of the body, and the more inclined were they to be content with playing a waiting game instead of forcing their great partner’s hand.

This subject is of universal importance, and some day we hope that the public will be content to be treated by rational methods, and not, as at present, expect every bottle of medicine

to work a miracle. At the present time we have ventured to bring forward our views, unripe and unformulated as they are, because a small and, in many ways, an insignificant clique in the London County Council have issued a quasi-medical report which deals with the treatment of lunatics, and is absolutely unique in the number of feeble common-places it contains, and in the manner in which misleading and positively mischievous conclusions are drawn from false premises. It is true that this clique was properly and promptly snubbed by the London Council at a general meeting, and it is clear that the arguments used are so feeble and so transparent, that the chairman was justified in asserting that the matter could be more effectively dealt with by the ordinary Asylums' Committee. It was decided by a large majority that the whole matter should be postponed for six months. But this small, and, in point of weight and experience, insignificant clique is active, and will, no doubt, continue to play the part of professional alarmists and pose as leaders in a great reform. For this reason, and because the matter is one which the non-medical mind cannot easily grasp, we have thought that an exposition of the real facts of the case and a scheme of thorough lunacy reform would be acceptable to the public who are asked to spend money in order to further the fads of a few panic-mongering enthusiasts.



PART I.

LUNATICS AT LARGE.

THE recommendation of this report is, that an hospital for the insane should be built in London and conducted on the same lines as a general hospital, provided with a full staff of resident and visiting surgeons and physicians, with a pathologist, aurist, gynæcologist, and ophthalmic surgeon. We will first deal with the constitution of the Committee which fathered, if it did not procreate, this report. It consisted of seven members, of whom only two were medical men. Of these two, Mr. Brudenell Carter is an eminent ophthalmic surgeon, who, on the strength of being connected with the national hospital for the paralysed and epileptic, is apparently attempting to pose as a neurologist. In our account of this institution we shall fully expose the absurdity of these pretensions; for the present it must suffice to say that Mr. B. Carter is not a recognised authority on lunacy. Of the other medical man, Mr. Longstaff, we have scarcely heard, and, as far as we can ascertain, he is equally innocent of any experience in the matter at issue. Mr. Martineau has had some experience as member of an Asylum Committee, but the other four members, though extremely able men, have no special experience of lunacy. So much for the Committee. Now for the witnesses examined at the various meetings. Sir J. Crichton Browne is a well-known lunacy specialist. He holds at present the post of Chancellor's Visitor, but perhaps he is best known as formerly superintendent of the West Riding Asylum. He is a born orator, and the master of a ready pen. He possesses the great art of making those under him work, and popularising the results of their investigations, but he is not in any sense a scientific man. Those who best know the details of his work at the West Riding Asylum, and those who admire him most, will be the first to allow this. As superintendent of this asylum, Sir J. C. Browne was noted for the splendour of his

entertainments. He brought down medical men of renown from London, and fed them well and patted them on the back, and got a reciprocal patting on his back in various forms. In fact, so much money was spent in this way, that, when the Committee came to deal with his successor, they put an end to this extravagance. He, in fact, established a lunatic and literary coterie, a sort of mutual admiration society which greatly impressed the public. But to give him his due, he got his assistants to do some scientific work, and as he made more superintendents than the Great King-Maker made kings, he had an abundant supply of young assistants. But the results were far from having much scientific value. It is our opinion that the profession is not indebted to Sir J. C. Browne for a single item of treatment, or a single improved method. To use the words of the report, which must refer to all lunacy specialists, he did not "establish a single sound principle underlying the changes which lead to insanity, nor cure a single patient by the skilful and judicious application of such a principle."

He, no doubt, recommended physostigma in one disease, and nitrite of amyl in another, but experiments in other asylums have proved that he was misled by his enthusiasm. He did not go in for the "individual treatment" of his patients. He did not investigate those "small departures from health" which we are told in this vaguely luminous report are the causes of insanity. In his own beautiful language, "instead of fine hand-painting, it was slap-dashery" that he went in for. But he caught the public eye. Verily I say unto you he has his reward. We regret to have to deal so severely with a man who did his asylum work extremely well on the old lines, but whose scientific achievements have been meagre, and who really left the question of insanity, its causes and treatment, practically in the same condition as he found it. Sir J. C. Browne evidently does not like to look back upon the days when he was assistant medical officer, then a small superintendent, and then a big superintendent:—

"But 'tis a common proof
That lowliness is young ambition's ladder;
But when he once attains the upmost round,

He then unto the ladder turns his back,
Looks in the clouds, scorning the base degrees
By which he did ascend."

From a man of such sanguine temperament the assertion that "the medical and scientific work carried on in the largest asylum, nay, in all English asylums put together, cannot for one moment be compared, as regards its characters or results, with what is done in the smallest London Hospital," will not carry much weight. It is a grossly exaggerated statement, and were it true, should not he and Dr. Batty Tuke, who have spent all their lives in treating the insane, bear a great part of the reproach? One slight illustration of the complete absence of the scientific spirit in the gentleman with whom we are now concerned may be given. He read last year a paper upon "The Hygienic Uses of the Imagination," in which amid a mass of graceful and gorgeous verbiage it is impossible to discover one truly scientific idea. We can only say that in this address he made a most unhygienic, unsanitary, almost an insane use of his own imagination. We think we have said enough to show that the very strong statements made by this authority must be considerably discounted.

The other specialist, Dr. Batty Tuke, we need not discuss at any length. He was formerly superintendent of a small district asylum in Scotland, and is now engaged in private lunacy practice. He never was considered an eminent authority until he started the subject of lunatic hospitals. His contributions to scientific literature are brief and of little importance. In his evidence he makes extremely strong assertions with which we shall deal fully later. But there is one assertion which stamps the man and renders his opinions on this subject valueless. Speaking of his experience at the Fife District Asylum, he says, "We had a percentage of over 60 per cent. of recoveries." It is of course obvious that a percentage calculated on a very small number of patients, and on a very few years, is absolutely valueless. We note that Dr. Tuke excludes the first three years when he was receiving incurably insane patients, in other words, the statistical period begins and ends at his choice. We cannot understand how any man in his senses could gravely quote such misleading figures. What conclusion, did we accept his figures, could Dr. Tuke expect us

to form? Surely that he was the greatest man in the specialty, and that he had up his sleeve a real insanity cure. Why on earth has not he in all these years explained his methods, and let us all cure 60 per cent of our patients?

Dr. Clifford Allbutt is the last witness we need do more than mention. He is a man of science, and the master of an eloquent pen. He is a most brilliant physician, and lately gave up a lucrative practice in Leeds to become a Commissioner in lunacy. He has not had much experience in lunacy, but since his appointment he has made magnificent use of his opportunities. His evidence, which we shall consider later, corroborates strongly the arguments we produce hereafter and which were written before his evidence was published.

Of the rest, Sir J. T. Banks, the kindest of men, and the best of good fellows, has not, his friends believe, a great amount of science in his composition, and his brief visits to the Richmond Asylum have not been a big factor in his busy life. Of the eight eminent physicians and surgeons examined, all are highly scientific men, but they know nothing about lunacy and have hardly given it a thought. They are all hospital men, and it is only to be expected that they would welcome a much absurder scheme than the present, if it appealed sufficiently to the hospital spirit. Their evidence and their approval cannot be of much weight. The four eminent neurologists, Dr. Bastian, Buzzard, Ferrier and Gowers, finish the list of witnesses examined, and form a group by themselves. We can only say that while the exquisite delicacy of their vivisections, the accuracy of their diagnostic powers, and the extent of their knowledge are facts of which their country may well be proud, they have done little for treatment, as we shall prove later on.

Of the sixteen witnesses examined, we find that only three have had any experience of the present methods of asylum treatment. We think we have sufficiently shown that of the three, Sir J. Crichton Browne and Dr. Batty Tuke can hardly be considered thoroughly qualified and impartial authorities, and we have seen and shall see more fully later on that Dr. Clifford Allbutt is entirely opposed to the scheme. Sir J. Crichton Browne and Dr. Batty Tuke without, and Mr. Brudenell Carter within the Committee were really the moving spirits.

If we were inclined to be cynical, we might point out the growing tendency to use high-sounding Christian names as a kind of prop to a weak surname. No plain Dr. Sam Wilks, or James Paget is good enough now-a-days, and yet these are two of the greatest men that ever adorned the medical profession. Who would insult another great man who, by the way, does not believe much in drugs, by calling him Dr. Syer Bristowe! A man's signature is a good index to his character, and really the lot of the medical writer will become absolutely intolerable if we have to "Plantagenet" every plain Dr. Smith.

In addition to examining the witnesses, written questions were sent to every superintendent of a public asylum in England and Wales, and to "a few persons of admitted authority, for example, to Dr. Lockhart Robertson, to Dr. Savage and to Dr. Dunlop, the medical officer of St. Pancras Workhouse." Sixty-five replies were received; we are not told how many did not answer; but the most extraordinary feature of this extraordinary farce was that though Mr. B. Carter, the chairman, said, "We must be very much guided by experts in our inquiry," yet the Committee saw "no sufficient reason" to call even one of the sixty-five gentlemen who sent replies, though they were one and all admittedly experts. There must be something wrong when all those most qualified to give opinions are rigidly excluded from an inquiry into their special subject.

Before we enter upon our argument, we may relate two little stories. A very prominent member of the Committee, who seems to have assumed once for all the role of professional alarmist, lately brought before the public the subject of colour-blindness (on which he is an authority) in relation to railway signal-men, and doubtless he succeeded in alarming many timid passengers. We can imagine that such persons said, "Here, indeed, is a disinterested observer, an unselfish man of science, who, without any hope of recompense, is working for the public weal." We cannot say we take such a high point of view. We may look upon this attempted agitation as an example of that love of notoriety which, when once tasted, is as blood to the tiger. At all events, the alarm is absolutely false, and as mischievous as the cry of fire in a crowded theatre. A practical authority has proved that for twenty years there has not been a single serious railway

accident due to the colour-blindness of the officials. The gentleman who thus played the part of professional alarmist, was perhaps the most active member of the Committee of the County Council with which we are dealing. Both actions are equally the freaks of a faddist.

Our other story concerns one of the most prominent witnesses examined. This authority lately visited a patient in an asylum in the north of England, and to the great amusement of the resident medical officers, diagnosed a tumour of the brain. It was in vain that he was asked to give definite grounds for his opinion, he insisted that a tumour existed and that it was a case for operation, and he urged the friends to consent to a visit from an eminent surgeon, whose craniotomial propensities are well known, and whose evidence in favour of the hospital asylum was extremely dogmatic and carried considerable weight with the Committee. This surgeon came, saw the patient, did not conquer, but pocketed twenty-five guineas as a solatium for his useless journey, and reported that there was no tumour, nor indeed any unequivocal symptom of such. This of course greatly delighted the resident officers who were responsible for the patient, but when the truth leaked out, the friends were extremely indignant that they had paid £25 for this little vagary of a great man.

We now pass to a consideration of the report. It is compact of feeble commonplaces. For instance, we are told that "a man walks lamely because he has a weak, or a diseased, or an injured leg. He thinks lamely because he has a weak, or a diseased, or an injured brain." This is indeed an instructive analogy, this is indeed a scientific discovery. If this sort of knowledge is a sample of what we are to expect when the hospital is built, we are foolish to delay a moment. There are next instanced physical conditions, such as depressed fractures of the skull: toxic conditions, such as alcoholic and lead poisoning; and it is argued that as the functions of the brain are impeded or abrogated by such agents, it is certain that insanity can be cured by similar agents. For instance, the argument would teach us that because the brain can be injured by the presence of alcohol and its ethers in the blood, we should expect that it should be cured by the presence of various medicinal substances in the circulation. We might as well

argue that because a watch stops when bathed in water, it ought to go again if we put it into a bath of some other liquid. Acute rheumatism is referred to as affording an analogy to the conditions which probably exist in insanity. We may retort upon our highly scientific brethren that in this disease the pathology is still doubtful and the treatment purely empirical. We may reasonably doubt that scientific investigation, which has failed to thoroughly explain such a simple and tangible disease as acute rheumatism, is in a fit condition to attack the delicate problems of insanity. As to the salicylic treatment, it is purely empirical, and excellent authorities prefer the full alkaline treatment. Quotations are given from Dr. Moxon and Dr. Cheadle which are quite irrelevant, and Macaulay is dragged in to prove what no one denies, that good hygiene and sanitation, not new drugs, have improved enormously the general health of the community. The good effects of the disuse of bleeding in pneumonia are next instanced. We may remark that the present treatment of pneumonia is not discussed. What is the real state of the case in this disease? The general physicians and the pathologists have completely failed to find out its real nature, and the treatment is mainly good nursing and hygiene, and the supporting of the patient's strength. There is not one of these highly scientific gentlemen who dare speak of having ever *cured* a pneumonia. The best treatment is to put the patient in the best possible condition to receive the aid of the natural powers of his body which bring about the resolution of the abnormal conditions which constitute pneumonia. There was an interesting correspondence in the medical journals the other day as to the term "congestion of the lungs." Can we believe that our highly scientific investigators have not settled this simple problem, which concerns organs open to examination in a dozen simple ways? The use of the bromides in epilepsy is next the object of praise. If there is one thing that the general physician should be thoroughly ashamed of, it is the use of the bromides. We have ample evidence that these drugs have done more harm than they have ever done good. Every asylum is full of epileptics who have been thoroughly bromidised to their eternal destruction. Every out-patient department which prescribes bromides for epilepsy is simply manufacturing lunatics.

We now pass to the evidence of Dr. Clifford Allbutt, evidence which is based upon sound, and disinterested, and definite reasons, not upon vague assertions and feeble analogies. He states, "I think the true treatment is chiefly moral and humane, and not very much in the direction of drugs." After mentioning the routine of the visiting physician in a general hospital, he says, "therefore it appears to me that all those things which a visiting physician does in a London hospital, you would have very little place for." He next gives us his experience of the work of a visiting physician at an asylum of which he was a visiting justice, and concludes that such visits form "a very, very small part of the medical care of the insane." Again, he gives a severe blow to the great argument of the little clique, "I conceive that a hospital for the sick and a hospital for the insane, are totally different things, and that there is a great danger in arguing from one to the other, or in any way taking one as a parallel for the other." We need not quote further. These statements of Dr. Clifford Allbutt require a plain answer. Now, not one of the witnesses attempted to answer by argument or example; they replied by the assertion of vague general opinions, and the only answer attempted by the authors of the report is the utterly puerile blue-pill cure of fits of the blues, believed in by Lord Shaftesbury. Dr. Allbutt's position is absolutely unassailable; and to him the lunacy world owes a great debt, as he has scotched, if not killed the snake, which the speciality has cherished in its bosom.

We may now sum up in the following propositions:

1. The composition of the Committee, and the absence of special knowledge in all but three of the witnesses, renders the report of little value. We must remember, too, that one of these skilled witnesses is entirely opposed to the present scheme, and that several suggestions of the other two have been ignored.

2. It is assumed throughout the report that the treatment and knowledge of simple bodily diseases is in such a satisfactory condition, that it is clear that the time has now come when the delicate problems of insanity can be investigated with some probability of success. We have proved that this is an entirely false assumption.

3. Although it is acknowledged that there is a large mass of insanity outside asylums, and that the general body of the medical profession have charge, often for long periods, of the insane before they are put under restraint, and thus see the cases in the most tractable and curable stages, yet the fact is quietly ignored that the general physician has done absolutely nothing to increase the knowledge of insanity, nor given a single suggestion for treatment.

4. The assertion that "small departures from health" are the causes of insanity is opposed to all that we know. It is certain that acute mania may occur without any tangible bodily disease, and that the most terrible bodily diseases may exist, and yet the mind be clearer and brighter than ever.

5. There is no scientific and systematised knowledge of these "small departures from health," and no definite treatment; and it is certain that the general physician has here a series of problems that will give him work for half a century.

6. The report ignores the extreme difficulty that the investigation of insanity presents. In the words of Dr. Maudsley, "What should fairly and honestly be weighed is, that mental organisation is the last, the highest, the consummate evolution of nature, and that, therefore, it must be the last, the most complex, and the most difficult object of human study. There are really no grounds for expecting a positive science of mind at present; for to its establishment the completion of the other sciences is necessary." These words are as true now as the day they were written.

7. We conclude, therefore, that considering the inherent difficulty of the subject and the unscientific state of the treatment of simple bodily diseases, it is absolutely a pernicious piece of professional juggling on the part of the real authors of the report, to dangle before the County Council a mighty bribe in the shape of a future recovery rate, at least, 10 per cent. higher than that at present attained. It will take a century of arduous investigation in half-a-dozen sciences before the problems of insanity can be approached with any probability of such a tangible success as a rise of 10 per cent. in the recovery rate. It is disgraceful to attempt to mislead the public by appealing to their economical tendencies.

8. We believe that a pregnant analogy may be drawn be-

tween insanity and criminality. Both conditions are the result of brain disorder. This is unquestionable, but does anyone believe that drugs will cure criminality? Yet every argument advanced in the report would imply the possibility of the cure of criminality by drugs, as much, or as little as they tend to imply that insanity is curable by drugs. Everyone has acquaintances who have peculiar ideas, often almost insane ideas; yet no one hopes to eradicate such ideas by medical as opposed to moral treatment. We might as well propose to build a hospital for the study and cure of cranks and criminals.

9. Moreover, there are many objections to the details of the scheme. To locate an asylum in a crowded neighbourhood would be simply madness, and the report conveniently forgets that the Commissioners in lunacy would certainly veto the scheme for this reason only. Again, the building would have to be a regular prison to prevent the patients from becoming an intolerable nuisance to their neighbours. The unpleasant sights, the obscene gestures and foul language and dirty habits, and the incessant noises render a secluded neighbourhood an absolute necessity. Fresh air and exercise we regard as quite indispensable, and the arrangements for this purpose in the best London hospital would be utterly unsuitable for lunatics. Again, it is certain that the congregation of acute cases in one building is not desirable, and that individual isolation would neither be beneficial nor possible. The noises of a large town and the exciting surroundings, while suitable to some cases, would be detrimental to the large majority.

10. The report fails to touch the question whether the acute cases could be medically examined with any degree of accuracy. In acute mania, certainly, the general physician would be quite helpless, as the patient will not keep quiet in this condition; the acutely delusional would vehemently resist examination, and examination might foster their delusions. In acute melancholia, examination would often be as impracticable as in acute mania, and if it succeeded, might strengthen the feelings of misery and hopelessness. In nine cases out of ten no tangible bodily disease to account for the mental disease would be found, and in the tenth case the disease discovered would be incurable. Moreover, the graphic methods

of some of our great specialists, the exquisite mental vivisection to which the patient is subjected for the benefit of a group of students, is often bitterly resented by the unfortunate lunatic, and to our certain knowledge may have disastrous effects. We are all subject to fits of depression—in popular language, to “fits of the blues,”—and we know that a half-hour’s lecture upon our mental condition by even the greatest lunacy specialist, so far from curing us, would probably end in our being summoned by him for assault and battery. Remember, too, that the mental condition of the lunatic generally hinges upon the most sacred human feelings; for instance, the affection for wife, husband or offspring, or upon the religious beliefs, or upon pecuniary or other private matters. It is certain that it never can be good for the diseased mind to have its weaknesses and its failings probed before a psychological crowd. It is often necessary to probe these matters, but this is best done by entering quietly into the patient’s life as a daily factor, by becoming a friend and confidential adviser, and by numerous delicate and subtle touches tracing the clinical picture. Exact and systematic medical examination is generally impossible, and would be very seldom beneficial.

11. The report makes an enormous error in ignoring the question of the comparative annual cost of asylums and general hospitals. The public will get as much scientific work in asylums as in general hospitals when it likes to pay as well for it; but as long as the low weekly rate is the great end, as long as the asylums are overcrowded, as they nearly all are, to save the ratepayer’s pocket, as long as the public expects to get every medical virtue, including experience, in men who are content to take a mere clerk’s salary, as long as each medical officer has twice or thrice as many patients as he ought to have, and is occupied half his time in mechanical routine, such as the dispensing of medicine, correspondence and note-taking, so long will there be reason to wonder that any scientific work is done in asylums. If the report had occupied itself in practical reforms such as we suggest in Part III., it would have been of some value.

12. Finally, we reach the conclusion that we must ever regard the natural recuperative powers of the body as the

great factor in cure and recovery; we must believe that all that medical science can do is quite subsidiary to the efforts of these recuperative powers, our great partner in the relief of suffering humanity. As we grow wiser it is certain that we shall be more content to play a waiting game, and not force our great partner's hand.

END OF PART I.



PART II.

LUNATICS UNDER LOCK.

WE propose to give under this heading a critical and historical account of the treatment of lunatics, and to examine into the startling assertions of the promoters of the hospital-asylum scheme, Dr. B. Tuke and Mr. B. Carter, who must be held responsible, far more than their colleagues, for the errors of the report, errors both of omission and commission.

It is an invidious task to point out how little progress has really been made in general medicine, but as our argument requires it, we enter upon our task and will endeavour to prove that medicine is as little an exact science as it was fifty years ago. In the first place, as to surgery, it is asserted by eminent men that all the successes of modern surgery are due to cleanliness. If this is so, there is surely not much to be proud of from a scientific point of view, and yet surgery deals with matters which are mostly on the surface and tangible, and often, indeed, a mere matter of *tactus eruditus*, and surgery is no doubt in a sense a science. But when we come to medicine, why, the practice of medicine is the antithesis of scientific procedure. It is necessary to dwell at some length upon this subject, because the general practitioner is prone to indulge in pseudo-physiological explanations, in misty pathological prophecies, in dreams of a magical therapeutics possessed by him, in what is, in fact, pleasant quasi-scientific blarney when discussing with the relatives the nature and treatment of the patient's disease. The public has thus been inoculated by a thousand verbalities, and finally comes to believe that the doctor attacks the disease *in situ*, and routs it as obviously and as utterly as the knight of old was wont to rout the pestiferous dragon in his den. There was never a more complete and ridiculous delusion. With a few trifling exceptions, the disease itself is absolutely insusceptible of attack. Symptoms are

treated, and symptoms only. We challenge the most fervent believer in medicine to produce half-a-dozen examples where the disease itself can in any sense be said to be amenable to medication. We do not for a moment deny the enormous increase in knowledge of anatomy and histology, physiology and pathology, but we assert that all this knowledge has so far proved practically useless as far as treatment is concerned. We look in vain for a mode of treatment for any disease which has stood the test of time, and which can fairly be said to have originated in a knowledge of the pathological changes to which that disease is due. We acknowledge that there may be increased accuracy of diagnosis, more trustworthy prognosis, and that alleviation of suffering is more frequent and certain, but this is very different to acknowledging that diseases are known entities which can be expelled or exorcised by the physician. There has been a notable advance in hygiene and sanitation, an advance which, to our mind, is quite sufficient to account for the lengthening of the mean duration of life, and for most, if not all, the improved methods of treatment. Let us consider a few examples. Take the various fevers. Has there been any advance since the original treatment of Graves? which is most pithily described in the epitaph he chose, "he fed fevers." Will any practitioner of eminence assert that he can modify the course of a disease such as typhoid? True, we can reduce temperature, and treat symptoms generally, but this is a very different thing to treating the disease. The public has an impression that such matters as fevers can be cured, "if taken in time." This is a gross error, attributable to the loose way in which non-scientific medical men talk to their patients. We take up the last return of the Registrar-General, and note that last week there were over fifty deaths from diphtheria. Here is a modern scourge, and we may safely say that there is, as yet, no approach to an intelligible etiology or pathology, and no attempt at a scientific treatment.

There is, perhaps, no department of medicine which has been more thoroughly investigated than the diseases of the spinal-cord. Dr. B. Tuke notes that, "fifty years ago, all forms of spinal disease were simply called paralysis or palsy," whereas now their name is legion.

No doubt the spinal-cord has been mapped out perfectly, the

exact function of each segment is known. But the essential nature of the simplest of these diseases is unknown, and as for treatment, there is practically none. We do not know a sadder evidence of the great failures of modern medicine than to look through the splendid monograph of Dr. Ross on Diseases of the Nervous System, and to note the uniformity with which treatment is invariably discussed as a matter about which almost nothing is known, and little perhaps can be known. The arrangement of cells in the spinal-cord, as compared to that in the brain, is as simple and palpable as the arrangement of the jets of a gaseifier is to that of the stars of the milky way. How then, from the histological brain-maps of Dr. B. Lewis, are we to expect any treatment to result, when complete knowledge of the simple spinal-cells leaves us as to treatment very much where the complete ignorance of our fathers in medicine left them.

Let us consider for a moment the disease, rheumatism, from which half the adult population suffer in some degree. Treatment is here entirely empirical, and the exact nature of the disease absolutely unknown. Much has been written about relapses in insanity, but insanity does not relapse with anything approaching the certainty with which rheumatism does. A sharp attack of rheumatism brands a man for life. A large fortune awaits the man who can not only relieve immediate symptoms, but cure the rheumatic tendency. As for gout, the aristocracy would worship the man who could cure this disease, yet it would be hard to say whether the pathology or the treatment of this disease is the more unsatisfactory. It is ridiculous to talk of modern medical advances while the treatment and pathology of a common cold remain an unsolved problem.

We might thus run through the gamut of disease, Consumption, Bright's Disease, Diabœtes, Hogkinson's Disease, Graves' Disease ; will anyone venture to point out a satisfactory pathology, or a secure therapeutcy, as the result of the years of labour which have been spent upon these subjects ? Were our readers medical men, we might mention many other examples, and discuss them in detail, but we will content ourselves with referring to the use of drugs in which the public is a great believer. We may at once allow, that in the future, definite results will no doubt follow the advance of knowledge, but it

is idle as yet to speak of medicine as an exact science. The physician who prescribes a drug is absolutely ignorant of the exact manner in which it acts. He is simply guided by experience, and if the action of any drug be divided into tenths, we are quite safe in asserting that nine-tenths of its action is unknown and incalculable. The body is not a test-tube containing a known solution which will give a definite reaction when another solution is added. When a patient with a great and surprising faith, swallows his bottle of "Doctor's stuff," he is really a target for a many-barrelled medical mitrailleuse. It is time there should be some plain speaking upon this subject. We do not wish to say a word against the doctors. They act according to the best knowledge obtainable; they are working against enormous difficulties, but it is time that it should be known that their good results are mainly due to careful dietary and hygiene, or merely to perfect rest, and, above all, to the mental effect which a kindly and confidence-inspiring manner produces. We might refer to many examples; let us glance at the facts of the disease phthisis, which counts its victims by tens of thousands. Has pathology given definite ideas as to treatment? No, treatment is here purely empirical and eminently unsatisfactory. Take cancer, which is one of the most terrible factors in the death-rate of England. What treatment is there, beyond a surgical procedure, which is little more than an elegant branch of carpentry. Some weighty words of Mr. Huxley appeared in the *Times*, some time after our indictment of medicine as a science was written. They vividly express what we have laboured to describe. The passage occurs in his reply to Mr. Herbert Spencer. "Mr. Spencer assumes that in the present state of physiological and medical science, the practitioner would be well-advised who should treat his patients by deduction from physiological principles ('absolute physiological therapeutics,' let us say) rather than by careful induction from the observed phenomena of disease, and of the effects of medicines. Well, all I can reply is, Heaven forbid that I should ever fall into that practitioner's hands, and if I thought that any writings of mine could afford the slightest pretext for the amount of manslaughter of which that man would be guilty, I should be grieved indeed Whenever physiology (including

pathology), pharmacy and hygiene are perfect sciences, I have no doubt that the practice of medicine will be deducible from the first principles of these sciences. That happy day has not yet arrived, and I fancy is not likely to arrive for some time. But until it does, no practitioner who is sensible of the profound responsibility which attaches to his office, or, I may say, is sane, will dream of treating small-pox or cholera by deduction, such mere physiological principles as are at present well established."

We have met the abstract assertions of the *Times*, *Nineteenth Century*, and the London report by concrete examples. The writers of these articles cheerfully reassert the vain boasts of sanguine investigators. One class of diseases is specially mentioned as showing the advance which medicine has made. The *Times*, quoting from Mr. B. Carter, says: "The diseases which primarily produce disturbances of movement, and the diseases which primarily produce disturbances of sensation, have of late years been studied with exceedingly beneficial results, especially in the direction of enabling physicians to discover the precise locality, as well as sometimes the nature of the morbid process, and these diseases are beginning to be amenable to treatment in ways, and to an extent, which no one, even a very short time ago, would have ventured to anticipate." We at once grant that knowledge of the anatomy of the brain, and the power of localising normal function and diseased processes have enormously increased of late years, but we entirely traverse the remainder of Mr. Carter's assertions. To say that there is any exact knowledge of the essential nature of these disorders is a gross exaggeration. To say that there has been a great advance in treatment is absolutely false. What about hysteria, locomotor ataxy, apoplexy, infantile paralysis, progressive muscular atrophy and so forth? Are the causes of these diseases known? Can they be prevented or cured? We may apply without any fear of contradiction Mr. Carter's extremely dogmatic sentence about insanity to his own example: "Our knowledge of these diseases, of the causes which foster and produce them, of the means by which, no doubt, they could be prevented, and of those by which they could, no doubt, sometimes be cured, is scarcely greater now than it was a hundred years ago." We

have some acquaintance with the National Hospital for the Paralysed and Epileptic with which Mr. B. Carter is connected, and which, no doubt, was in his mind when he wrote this triumphal paean on the advance of neurological knowledge and treatment. We cannot say that we were at all favourably impressed with the treatment and the results we saw, and we have looked in vain for any published results which might tend to modify our opinion. We were struck by the admirable knowledge of nervous anatomy and physiology, and by the diagnostic acumen displayed by the staff, and by the eager enthusiasm with which the cases were discussed as examples of this or that theory, but we were completely disappointed when the subject of treatment was approached. There was a general air of hopelessness then, a sort of silent confession: "Well, you know, one must give something, but really little improvement can be expected." This is an apology which we may consider as the homage which practice pays to science. When once the eminent physician has made a diagnosis, the patient is relegated to the out-patient department, where the fortunate recipients of the best advice modern medicine can give are seen once a week by the assistant physician, and run through at the rate of three a minute, the prescriptions being marked, often week after week, "rep omnia," or, in plain English, "go on as before." We yield to no one in our admiration of the brilliant results of Dr. Hughlings Jackson's investigations on epilepsy, but we are convinced that he would be the last to assert that he has discovered any scientific treatment of that disease. In the above out-patient department may be seen numbers of epileptics in whom the disease has been localised, forsooth, and then left to run its course. These unfortunates may be seen with their bottles, "forty feeding like one," on bromide and paraldehyde, and other drugs, which a hundred years hence will be looked upon as we look upon the filthy excretions and abominations which our fathers in medicine called drugs. It is the same in all the hospitals; the really scientific men have not much faith in treatment. In any hospital ward we can see case after case in which the physician mainly trusts to rest and diet, and prescribes merely for the sake of the affect upon the mind of the patient. We have just glanced at the most important facts of modern

medicine, and have failed to find any grounds for the assumptions of our authors. We venture to hope that the reader will agree with us that the London Council will be extremely foolish if they are led into action by the one-sided and superficial arguments of partially informed and not entirely disinterested reformers, who have taken upon themselves the pleasant part of pioneers in a great movement. It will be our earnest endeavour in the following pages to suggest to the County Councils some rational reforms, to give the reasons for these reforms, and the results which may be anticipated.

We have said sufficient to prove to every unprejudiced reader that the state of general medicine is not so rosy as our authors wish us to suppose, and we have prepared him for the statement that the results of the study and treatment of insanity will bear comparison with the results of the study and treatment of any diseases of similar gravity. If the inherent difficulty of the subject is considered, it will be allowed that this is no mean achievement.

In the first place, of every hundred cases admitted into asylums, over forty are sent out cured. Dr. B. Tuke says that half of these cured cases relapse; we assert that this is an exaggeration and we challenge him to produce figures to bear out his statement. Now the average recovery rate of six large London hospitals, according to Dr. H. Newington, is 30 per cent. We do not lay any weight upon this comparison, as it is inexact, but it, at all events, shows that neither in asylums nor in hospitals can the recovery rate be taken as a measure of the effects of treatment.

We are told by Dr. B. Tuke that, "we have no institutes, no system of so-called psychiatric medicine so firmly based upon pathological principles as to meet with general acceptance; and as a consequence we have no system of treatment founded upon scientific therapeutics. Treatment is as yet entirely empirical and depends mainly on good hygiene and experience." The reader will see at once that the facts which Dr. B. Tuke here asserts about insanity, are the very facts which we have clearly shown to hold good in general medicine. We have proved that in no department of medicine is there such a thing as a "system of treatment founded on scientific therapeutics." We have quoted the very strong language of Mr. Huxley

about scientific therapeutics, and the "amount of manslaughter" which would result from the adoption of such treatment. As to pathology, we maintain that the pathology of general paralysis is as definite as that of any nervous disorder; that the pathology of acute mania is at all events exact enough to give us a rational treatment, and to make this disease more curable than any disease of equal severity, and the same assertion might be made with even more confidence about that terrible disease Puerperal Insanity. We might multiply assertions and thus imitate the methods of panic-mongering reformers, but we prefer to point out a few of the efforts which have been made by asylum physicians to increase our knowledge of insanity. Thousands of observations have been made with the sphygmograph, cardiograph, and ophthalmoscope; the excretions have been analysed quantitatively and qualitatively; the blood has been examined by all the processes known to physiologists; electricity, massage, hypnotism, Turkish baths, and a thousand modern remedies have been tried. Tens of thousands of sections of the brain have been examined by competent histologists. Hundreds of drugs have been given and the results noted. There is a large and scientific literature of insanity. If the increase in the knowledge of the nature of insanity has been small, and the indications for treatment meagre, it is not, we can assure the reader, through want of laborious and scientific research. There is no department of medicine in which more honest work has been done than in the study of insanity. We grant that the treatment of insanity is empirical, so is all treatment. The time has not yet come, as Mr. Huxley says, for "the treatment of patients by deduction from absolute physiological principles."

It is the fashion to insist strongly upon the fact that insanity is a bodily disease. Writers have been so anxious to avoid the error of the older writers who regarded insanity as something immaterial, as a kind of demoniacal possession, that they have led the public to put too much stress upon the word bodily. If by the assertion that insanity is a bodily disease, we mean that it is a disordered condition of the brain, which, of course, is a bodily organ, then we are asserting a mere truism, but if we mean that disease of the brain depends always, or even generally, upon disease of the other bodily

organs, if we mean that there is no such thing as disordered function in the brain cells independent of disease of the heart, lungs, kidneys or blood, then, indeed, we are making a startling assertion, and one which we have no doubt is far from true. It seems to us that a misconception of this nature is at the bottom of this lunacy scare, of this rabid thirst for new methods. Dr. B. Tuke and Mr. Carter contend that, owing to want of practice in medical matters, and owing to excess of non-medical work, asylum physicians have neglected the bodily diseases from which their patients suffer. They endeavour to instil the belief that opportunities of treating insanity through the bodily diseases proper have been lost, and they imply that all that is necessary is to let loose the general physician in the asylums, believing, apparently, that by a more accurate diagnosis of the bodily condition, as distinct from the mental condition, and by a more skilful treatment of these bodily conditions, he will in a short time increase the ratio of cures, explain the nature of the various disorders, and, in fact, solve the enigma. The public which has made many blunders, will never make a greater than in accepting this theory; and if it is on this basis that the hospital-asylums are to be built, we tremble for the inevitable disappointment with its companion, recrimination. We hope that the following considerations will be digested by sanguine reformers and give them pause.

In the first place, the insane are very healthy; cases of acute and curable bodily disorders are rare. Anyone who will take the trouble to examine a hundred cases upon admission, and again after three months' residence, will find that the improvement in bodily health is enormous. We have prepared tables showing that the gain in weight after short periods of residence is both substantial and general. There is no better index of successful treatment than the body weight. Of course a number of patients with incurable mental and bodily diseases are admitted, here palliation is the limit of hope, but even here the improvement in general appearance is usually remarkable. We have examined the records of several hundred post-mortems and have been astonished to find how seldom disease of organs other than the brain can be assigned as the cause of the mental breakdown. We have gone through numerous tables of the causes of death in asylums, only to find that mental disease

is the primary cause of death in the large majority of cases, and that few deaths can be looked upon as due to diseases which are considered curable even by the most sanguine.

We must ask the reader to remember that when the sane are ill, the very symptoms they suffer from compel them to adopt a procedure which itself is often the first step to recovery; for instance, if they are in pain or feel weak, they rest in bed, and so forth. With the insane the reverse is the case, the disease here affects the reason, and the chief manifestations of the disorder are acts which are prejudicial to their condition, and if unchecked might be fatal; for instance, privation may bring on a form of insanity in which all nourishment is refused, and a case suffering from exhaustion is often characterised by extreme restlessness and excitement, which, of course, lead to a more complete exhaustion which may end in death. A person suffering from melancholia may be compelled by his wretchedness to mope in a dark corner when fresh air and exercise are what he requires. Again, when the sane are ill, they generally help the doctor in every possible way; they have an almost superstitious reverence for his directions, and have full confidence in his treatment. It is quite otherwise with the insane: in nine cases out of ten, they are either quite incoherent, or sure they want no treatment, or else are suspicious, and threatening, and resistive, and look upon the doctor as a jailer and enemy; they delight in disobedience, and thwart his endeavours to assist them. We warn the general physician that he has a great deal to learn before he will be able to deal with the insane. He will find it a very different thing treating a patient who knows he is ill and wants to be cured, and treating a patient who either believes that there is nothing the matter with him, or believes that the doctor's object is to do him harm, or, as they often say, to make him mad.

There is another very important fact. The bodily diseases of the insane, owing, no doubt, to the disordered action of the organ which ought to be the guardian of the body, do not produce the same symptoms as in the sane, or produce them in a less marked way. In other words, the symptoms are masked, and the general physician will have to learn a new symptomatology or be content with more meagre indications. To diagnose the diseases of the insane, is very much like diagnos-

ing the diseases of animals, and we all know how helpless the family physician is when called upon to treat the family cat or the domestic dog. In the insane the whole subjective element of diagnosis is either a blank, or a misleading picture; by this we mean, that either we are told nothing or else too much. We have, on many occasions, taken the opinion of a medical visitor upon a case of bodily disease, and have found that he often refused to make a diagnosis, owing to the absence of symptoms which he considered essential and could not believe to be otherwise. We could mention extraordinary examples of cases in which severe bodily diseases ran their course almost to the end without causing any of the ordinary symptoms. We have said enough to show that it will not be all plain sailing for the visiting physicians; but as we have laid down in our remedial propositions, we believe that such visitors should be appointed to all asylums, as they would occasionally be useful, and would always have a beneficial moral effect upon the patients. But it is our firm conviction that the consultants would learn as much as they could teach, and that the public would benefit by the re-action between the different branches of the profession. In this connection we may mention that in a general hospital the serious operation of abdominal section was lately performed upon an insane woman, the diagnosis being founded upon her unrecognised delusions.

We now come to what we consider the main weakness of Dr. Tuke's argument. We maintain that by sneering at comfortable and hygienic surroundings, fresh air, simple rest, or exercise, manual labour and amusement, as the efforts of a kindly humanitarianism, instead of regarding them as remedial agents, which have been proved thoroughly trustworthy by ample experience, and worth probably all the prescriptions that the College of Physicians could write—by doing this we maintain that Dr. Tuke has proved himself equal to fitting facts to his preconceived ideas, and guilty of culpable unfairness in thus playing upon the ignorance of the public. The tenor of his statements may be gathered from the following sentences. "A large recreation hall, used as a ball-room, theatre, or lecture-room is a special feature. A chapel is provided for religious services. The asylum stands in spacious grounds, and a large farm serves for labour and

extended exercise. In all this we see the kindly work of the outside humanitarian, who seems to have endeavoured to place himself in fancy in the position of a pauper lunatic, and to have provided what he believes he would have wished for were he in that sad condition." "We find a chapel, a ball-room, and a cricket ground, but no hospital for the observation and treatment of recent and acute cases." "The public thinks that madness can be eliminated by entertainment; the superintendent is bound to work up to this theory, and often does so to an absurd and baneful extent." "The devolution of incompatible duties on asylum physicians arose out of the idea that so long as lunatics were made comfortable, and treated kindly, well-fed, afforded religious consolation, and amused to their heart's content (or even beyond that), little more remained to be done. As has been said, medicine could offer no further advice." We believe that a more complete and wilful misrepresentation of facts than this would be difficult to find. In the first place, if there are not separate hospitals, there are, in nearly all asylums, certain wards called reception or admission wards, which are occupied only by recent and acute cases, and to which each case is assigned upon admission. No doubt we might have more of such wards, and they might with advantage be smaller, but this is a question of expense, not of the wish of the superintendent. Here Dr. Tuke is guilty of concealing the fact, that asylum physicians have done all that lay in their power to provide separate hospitals for the treatment of recent and acute cases. Surely this giving prominence to a partial truth is unworthy of a sincere reformer. Mr. Carter writes in the same strain; but we venture to ask him to see that the London County Asylums are, in the matter of reception wards, brought up to the average of other asylums, before he concerns himself any further about the institution of a new hospital-asylum. We next join issue upon the assertion that bright and hygienic surroundings, fresh air, rest, exercise, employment and amusement, are merely "the efforts of a kindly humanitarianism." We assert at once that, in our opinion, these agents have been and will always be, the chief remedial agents in cases of insanity. We note, at first glance, that our authors propose no agents to replace those which have done yeoman's

service in the past. For example, Dr. B. Tuke is content to deal in vague generalities such as, "every scientific appliance for the diagnosis and treatment of disease should be called into requisition." We challenge Dr. Tuke to name one "scientific appliance" from which a definite result can be reasonably expected, which has not been used in asylums. We think it a monstrous injustice that a physician who, as he tells us, has lived all his life among the insane, should condescend to hide the weakness of his case by obscure hints about scientific appliances, which he insinuates that asylum physicians have wilfully neglected. Why has not our author in all these years used these appliances, and demonstrated their use? We have looked in vain for evidence that the speciality is indebted to Dr. B. Tuke for a single item of treatment. As to the effects of these simple remedial agents, fresh air, exercise and so forth, we must appeal to the experience of our readers. All men are liable to fits of depression from overwork or worry. What is their remedy? Do they fly to modern medical appliances? Do they swallow modern drugs? No! they cling, and rightly cling to old and time-honoured treatment. They fly to fresh air and sunshine, to healthy exercises and genial amusements. Who does not know the mental effect of a few days in the country or at the seaside? As to amusement, who does not feel better for a few days' fishing or shooting, or for a hearty laugh at the theatre? Our nerve specialists tell us that when the brain is overstrained by business anxiety or any worry, as shown by loss of power of attention, irritability, sleeplessness and the like, removal from old surroundings, simple rest, or in other cases, an hour's carpentry or gardening in the morning, an occasional day's fox-hunting, or a couple of smart walks daily, are old-fashioned remedies worth all the scientific therapeutics in the world. We maintain that insanity is akin to these slight every-day ailments, is caused by the same causes, and is to be met with the same remedies. We believe that the modern treatment of insanity by hygienic surroundings, regularity of life, good food, fresh air, rest, or exercise and employment and amusements, together with the use of ordinary medical methods, baths of various kinds, and so forth, constitute a treatment which challenges comparison with the modern treatment of any class of disorders. Our authors

write as if they expected to cure insanity by some new and powerful remedy ;

“ And with some sweet oblivious antidote,
 Cleanse the stuff’d bosom of this perilous stuff
 Which weighs upon the heart.”

We have now shown that the advance in general medical treatment has been much exaggerated, and that the treatment of insanity has kept fully abreast of the general advance. We may add that no improvement in any department of medical treatment can be compared in importance to the “non-restraint treatment” inaugurated by Conolly at Hanwell, and so ably adopted and fully developed by asylum physicians of recent times. The old treatment, which, as Dr. Tuke says, “consisted mainly of alternate flogging and purgation,” with strait-waistcoats, and chains if these were insufficient, has given way to a treatment which we have shown will bear comparison with any result of modern scientific medicine. The ancient errors about insanity have been dissipated ; the theory of demoniacal possession has given way to a pathology which has provided a sound basis to work upon. We hear a great deal about the emancipation of the American slave, but the public has been told little about the emancipation of the English lunatic. No nobler nor braver deed brightens the pages of history, than the act of Conolly in treating and curing the insane by ordinary hygienic and medical methods, and abolishing strait-waistcoats, chains, swinging chairs, and alternate flogging and purgation.

We must bring this, by far the longest portion of our subject, to a conclusion, but before we do so, there are a few points we must mention. Dr. B. Tuke says, “the patients should be tended by properly trained nurses.” This is a very stale recommendation ; the experiment has often been tried. As a rule, hospital nurses cannot stand the strain which the association with lunatics for twelve or fourteen hours a day implies, and even if they survive this ordeal, the difference between nursing willing, and nursing unwilling patients is so great, that they have to unlearn as much as they have to learn. Dr. Tuke’s general indictment of asylum superintendents may be warranted by one or two examples, but is a gratuitous libel on a capable and trustworthy body of gentlemen. As a superin-

tendent said at a meeting where this question was being discussed, "If we are not discharging our duties as medical men in the medical spirit, the sooner we all resign the better, and hand over our duties as guardians and hotel-keepers to laymen who can do them quite as well." Not even the unfortunate assistant physicians escape the vehemence of this ruthless reformer; according to Dr. B. Tuke, "these are usually lads fresh from college, who have had little experience of general medicine, and who are supposed to be qualifying themselves for the specialty." This is partially untrue, and calculated to give an entirely false impression. If a man is ever inclined to be enthusiastically scientific, it is when he is young and fresh from college and hospital. The general complaint is that he is far too scientific. Surely at this stage he is just the man to tackle the difficulties which surround the scientific study of insanity. We acknowledge that the clinical opportunities of the majority of Scotch and Irish students are limited, but we are confident that other students see more scientific medicine in their hospital course than they can possibly see in ten years' general practice. We are confident that no man will have the hardihood to assert, that, in the trivialities which compose half the practitioner's daily work, in the treatment of the diseases of infancy and childhood, and in the solution of that mechanical muddle, midwifery, is to be found a training adapted to the formation of scientific habits, or calculated to invigorate the enthusiastic truth-yearnings of early manhood. The bitter cry of the practitioner is that his patients will not have modern scientific doubts; they require in medicine, as in religion, old-fashioned confidence and absolute opinions. He complains that his profession is more of a trade than a science. It is so easy to find fault, that the public should be suspicious of iconoclastic articles, and should be doubly so when unmeasured abuse, not calm argument, forms the backbone of the iconoclast. One would imagine, after reading Dr. Tuke's article, that the asylum physician, like the poet, was born, not made. Every alienist was first a medical man, was saturated with the hospital spirit, and many of them have had some years' experience of hospital or general practice. Can we believe that the lessons inculcated in a four or five years' training at a medical school, followed

by one or more year's experience in general or hospital practice, are so soon lost and leave so little trace? Can we believe that the medical spirit dies when the asylum closes upon the doomed medical officer? We have shown then that "experience in general medicine" is about the last thing in the world calculated to make a man scientific, and that another of Dr. Tuke's contentions is as futile as it is misleading.

We do not propose to trouble the reader with statistics which would substantiate our statements, but we have a few words to say on the subject of the material upon which the asylum physician has to work, and upon which the recovery rate has to be calculated. We take a series of 529 consecutive admissions, and tabulate the probabilities of recovery into six classes. In each case the prognosis was written down within a fortnight of admission, and we can assure the reader that the physician who has supplied us with the figures has, whenever possible, leaned to the hopeful view, and recorded an opinion which hope rather than expectation endorsed.

TABLE OF ADMISSIONS AND RECOVERIES.

Nature of Prognosis.	Number of Cases.	Recoveries in Each Class.	Rate per Cent.
Hopeless.	175.	0.	0.
Bad.	120.	10.	8·3.
Serious.	28.	6.	21·4.
Doubtful.	40.	15.	37·5.
Fair.	61.	30.	49·1.
Good.	105.	84.	80.

We consider these results very remarkable, and the reader will see at once that the proportion of hopelessly incurable cases is very high, and that results have followed prediction very closely. In no less than 55·7 per cent. of the admissions was the prospect almost hopeless, in 68·6 per cent. unfavourable, and in no more than 19·8 per cent. was the prospect really favourable. In the latter class the recovery rate is 80 per cent., and if we were to include the cases which have not yet recovered, but which still have a good prospect of recovery, the recovery rate in this class would be nearly 90 per cent. We do not think that the results of the treatment of any severe disease will beat this record.

PART III.

REMEDIAL PROPOSALS.

PROPOSITION 1. We maintain that any reform of the present asylum system must find its chief development in the multiplication and perhaps the modification of the existing admission or reception wards. A rigid separation of the hospital for curable cases from the main asylum, the function of which would be chiefly protective, would be a great error. Everyone with any knowledge of asylum management knows that the hope of discharge is the great factor in rendering the insane amenable to discipline and treatment. The prospect of future liberty, no matter how distant, is the one bright ray which lightens the asylum gloom. The public ought never to consent to the extreme cruelty of taking away even a false hope from those to whom hope is all that remains. It must be remembered also that at least seven-eighths of the total number of the insane would be resident in the protective or old building, and would generally be aware that they were considered incurable.

PROPOSITION 2. We propose that the Lunacy Commission should be abolished. As at present constituted it is absolutely inert and inadequate. The public has been so completely misinformed upon this subject, has been lulled to such deep sleep by pretentious blue-books, that it will refuse to believe that the Lunacy Commission is ridiculously inadequate to fulfil the purpose for which it was designed, and is a monstrous anomaly in these days of common-sense legislation and liberal decentralisation. We must therefore consider fully this proposition. We have here no concern with the Lord Chancellor and his visitors, as they deal only with the moneyed classes. The great mass of the insane are under the care of the "Board of Commissioners in Lunacy," which consists of a Chairman, Secretary, and four lay members, with three medical and three

legal Commissioners. It is only the six latter gentlemen that we propose to discuss, as they are the active members. We might reduce the number thus left for consideration to three, as the legal Commissioners may be dismissed in the words of Dr. Batty Tuke, with whom, for once, we are in hearty agreement.

“So far as inspection is concerned, the legal Commissioners may be left out of account, as they merely act as clerks to the medical inspectors on their rounds. The production of a single instance in which the presence of a legal Commissioner, *quâ* lawyer, subserved any good purpose at an asylum visitation may be boldly challenged. One standing counsel at the office of the General Board of Lunacy would fulfil all the duties of the three legal Commissioners, each of whom receives £1200 per annum. The retention of the office is a traditional job.” We think Dr. B. Tuke’s language is, considering the subject, remarkably moderate. We have then three medical Commissioners left, and if we were inclined to follow the precedent of “the ten little nigger boys,” we might reduce the number still further, for the two medical Commissioners last appointed seem to have had, as their chief recommendation, the absence of practical knowledge of the insane and of asylum management. There is thus but one man, the Senior Medical Commissioner, Mr. J. D. Cleaton, who has had any special training for the duties he is expected to perform, who can speak with the authority of experience on insanity and asylum management, and to whose opinion any weight can be assigned. The actual care of the 82,600 lunatics falls upon this gentleman’s shoulders. We think that this *reductio ad unum*, we had almost said *ad absurdum*, would have been sufficient for the reader, but we will pursue the unpleasant subject a little further. The Board have large offices in Whitehall with a numerous staff of clerks, and nearly all the work is done by correspondence. Copies of the order statement and certificate necessary for the admission of a pauper lunatic, and notices of all discharges and deaths must be sent to the Commissioners within specified periods. We need hardly point out that this supervision is practically useless, or, if necessary, could be performed by a trustworthy clerk at a moderate salary, and we venture to say that the Commissioners have already found this out.

An immense mass of work which is utterly useless, is the keeping of the registers containing the names and other particulars of the 80,000 lunatics. This work entails great expense. The Commissioners have not many functions, and the most important function, a personal knowledge of the actual condition of the insane under their care, is unattainable and unattempted by them.

But perhaps of their many functions, none satisfies the public so much as the great annual visitation to each asylum. This, fortunately for the patients, occurs but once a year. A legal and a medical Commissioner make the visit, and their one great object seems to be to tick off the names of the patients, so that they may be able to say in the report which is the culminating point of the visit, "We have seen all the patients on the books." Each Commissioner takes the index book in turn, and as each ward is entered, the patients are passed before him, and he is so occupied in finding the name that is called out and in ticking it off, that he barely glances at the patient. The reader will at once see what a miserable farce this performance is. The only question a patient asks is, "Can you give me my discharge?" which is always met with, "We have no power to discharge." This is a sad disappointment to those who remember that they have heard that the Commissioners were an all-powerful protective body. The one thing that a patient wants is some one who will investigate his case and examine his mental condition. When they refuse to do this for the patient, all interest dies out, the momentary brightness of sudden hope fades from his face, and he pertinently asks, "Well, what on earth good can you do me?" Thus a vision of frock coats and tall hats and the inevitable notebook, with a memory of a late dinner and general discomfort is all that remains to the lunatic of this law-ordained visitation. Meantime the Commissioner, who is not for the moment applying his mighty mind to the junior clerk's work of ticking off names in a notebook, is shown as much as the superintendent likes of the sanitary arrangement: and so forth. It is known to everyone interested in asylums that the Commissioners have about a dozen "fads" in common, and each has one or two of his own, and all that is necessary is to play up to these. These fads appear in every report as recommendations, and are repeated in some reports year after

year. Let us state once for all that the Commissioners have no power to enforce their recommendations, and unless it be a very vital point, neither superintendent nor Committee ever hear anything further about the matter. No doubt it sounds pretty and soothes the public ear, this combination of a lawyer and a doctor in a £3000 yoke ambling through a series of asylums—Areacles Ambo. Why not a parson to make a wise trinity? What more could be wanted? Have we not here the elements necessary to the cure of all human ills, even to the renovation of disorganised brain-matter? What a combination is this, the subtlety of the serpent on the one hand, and on the other the wisdom of the medical practitioner who, when well past his prime, condescends to begin the study of insanity, with a brain which, if we are to believe our nerve specialists, must be as rigid as india-rubber, as fibrous as a turnip, and as devoid of all plasticity and receptivity as those of the majority of the unfortunate insane who are entrusted to his care. We imagine that the reader will be sick of this ghastly farce, but we must further point out that for periods varying from about eight to sixteen months, the Commissioners know absolutely nothing of the routine of the asylum work, they only guess by the records of accidents and deaths. It is obvious that the best managed asylum may be a little upset just at the time of the visitation, and the conditions thus noticed during the few hours' visit appear in the blue-book as the usual state of affairs; or, in the asylum with the best dietary in the country, the dinner may happen to be a little below the average, and this is booked for all eternity. On the other hand, what an opening does this occasional visitation give to the unscrupulous superintendent. If the Commissioners are taken first to the best wards, there is plenty of time to increase the amount of the day's dinner, to open all windows, to clean all closets, to put Sunday clothes, or, at all events, fresh clothes on all patients, to call in outdoor attendants and pass them as ward attendants, to get up all patients who are in single rooms, and generally to make things a great deal better than they usually are. Naturally, a superintendent who lets everything be as usual, comes off second best.

We have said enough to convince the reader that something is very wrong in this system. We have proved that the

Lunacy Board is effete, inert, occupied with trifles and without definite power. We have whittled away the excrescences of the Board until we find that only one man, the Senior Medical Commissioner, remains, who has a practical knowledge of insanity and asylum management. We have proved that the Commissioners are absolutely ignorant of all that goes on in asylums on 363 days out of 365, and that the efforts which they make by correspondence to keep in touch, are weak and ridiculous. We have seen that the annual visitation is a farce, and that the report made is apt to mislead the public.

We regret to have to deal so severely with any part of the work of Lord Shaftesbury, to destroy so ruthlessly the faith of the public,

“Sapping a solemn creed with solemn sneer.”

But it is time that someone should have the courage to speak out truths which have long been evident to alienists. We have no personal feeling against the Commissioners, we have found them worthy, kindly men, rather hopelessly rigid in their ideas, but ready to act to the best of their knowledge, only they had no special knowledge. It may be said, all this is true, but the Commissioners are occupied in the originating of important and novel ideas.

It may be rejoined at once that in not a single instance have the Commissioners originated an important reform.

We are convinced that the reader will now be ready to cry out with us, Who is responsible for this state of things? Who made these laws? The answer is, the lawyers, and they took care to provide some snug berths for their brethren, as if it could not have been foreseen that a lawyer in a lunatic asylum would be about as useful as a logician in a shipwreck, or a man-milliner in a surgical emergency. The conclusions we draw are that the Commissioners in lunacy should be abolished, and that our next proposal should be adopted.

Proposition 3. We propose that the country should be divided into districts, in each of which two inspectors should reside; that these inspectors should be medical men with large experience of the insane, and of asylum management; that they should be appointed in such numbers that they may be able to have a knowledge of the case of each lunatic in their

district, and to see every fresh case of insanity within a week of admission; that notices of all admissions, discharges and deaths should be forwarded to them; that the two acting together should have power to discharge patients whom they find to be sane; that all medical records should be regularly inspected by them; that all abuses and charges of violence to patients should be investigated by them; that, in short, the inspectors should personally perform the duties which the present Commissioners make a feeble effort to fulfil by extensive and utterly useless correspondence. It is so obvious that frequent inspection by men of long experience in insanity and asylum management, is to be preferred to the present annual farce, that we need not discuss this proposal further. The only question is as to the powers to be entrusted to these inspectors. If appointed in pairs, they might relieve the practitioner by undertaking the certification of all lunatics, and there are other details which require careful consideration. A quarterly report might be made to the proper County Council, and an annual report to Parliament. The present Commissioners being disestablished, the funds voted for their support, and for the expenses of their office, might be applied to the establishment of District Lunacy Inspectors.

Proposition 4. We propose that the lunatic wards of all workhouses should be frequently visited by the District Inspectors, and that all cases of recent insanity should by them be forwarded to the proper asylum. This is extremely important.

Proposition 5. We propose that the present system of a medical superintendent, with a clerk or steward, should be continued, as it is much to be preferred to the system by which all administration is entrusted to a lay governor. We propose that the medical staff in every asylum should be increased to such number that no medical officer should have to deal with an aggregate of more than 300, or at the most 400 cases in a year, of which not more than 100 should be fresh admissions. We advocate the appointment of an assistant superintendent, who should be free equally from administrative and medical routine, and able to devote his whole time to the clinical study of insanity, its causes and treatment. We propose that in all asylums of 1,000 patients and upwards, a

pathologist should be appointed. We think that a consulting physician and surgeon should be appointed, if only for the moral effect they would have. We think that if these proposals were adopted in every asylum, all the good effects anticipated from the London hospital-asylum would be obtained, as far as they are obtainable at the present time, but far more universally and economically.

Proposition 6. Finally, we propose that in all large towns receiving institutions should be established, which should act as admission wards for all fresh cases of insanity. In this way no case of insanity would be admitted into any work-house, police-station, or hospital, but would at once be removed, without certificates, to the receiving institution. One of the District Lunacy Inspectors should visit this institution every morning, and determine as to the proper place of treatment for each admission. Such institutions have been tried in other countries, and have acted extremely well. It is obvious that some such plan would be an immense improvement on the present system, by which lunatics are frequently detained in prisons, police-stations, and work-houses until the prospects of cure have much diminished. The receiving institutions being then necessary, the only question is as to the attachment thereto of a hospital for dubious or difficult cases, which might be detained from the first, or relegated from the present asylums, as suitable for some reason. We are distinctly in favour of the establishment of such hospitals, and we are delighted to see the question mooted. We are of opinion that they would be extremely useful as a means of medical training in insanity for the students of the various towns. We think that possibly the scheme might include that great want, a night medical service in large towns. But we insist that this part of our scheme differs from the London Hospital scheme in that it is not founded on ridiculous reasoning, nor on irrational anticipations; it is not proposed in the hope that the interests of science will thereby be promoted, for we believe that this end can be far better attained by more liberal arrangements in the existing asylums; it is not advocated in the vague and irrational hope of a raised recovery rate, and consequent ultimate saving to the public, but it is advocated as a public con-

venience, nay, almost as a public necessity. An out-patient department might be added, but we must remember that it would be utilised chiefly by incurable hypochondriacs, and that if dangerous or suicidal persons presented themselves, they would of necessity be detained, and that the possibility of detention would act as a most effectual deterrent to the very persons such a department is designed to benefit.

END OF PART III.



PART IV.

SUMMARY.

WE have now reached the end of our task, and it only remains to summarise. We have seen that the advance in general medicine has been much exaggerated, that no marked improvement in the treatment of mental disease is possible at present, and that no marked improvement can be reasonably expected until physiology and pathology have made considerable advances. We have quoted Mr Huxley's stinging denunciation of the attempt to regard any branch of medicine as a science. We have clearly shown that to deal with the diseases of the insane requires much experience, and that the general physician will have to learn a good deal before he can be of the slightest use in asylums. We have seen that Dr. B. Tuke has hopelessly confused the rational treatment of the insane by hygienic surroundings, good food, simple rest, or employment and amusement, with that other function of asylums, the care of the incurably insane. He apparently finds it impossible to conceive that these simple remedies may be more profoundly scientific than many of the fashionable remedies of the day. We do not hesitate to say that the insane are treated in asylums in a manner more consonant with scientific ideas than are the public by the general practitioner. The public is hardly ripe for such a home truth as this, for in ridiculous superstition, in infatuated belief in the powers of medicine, most people are silly, as were their ancestors, when the shrines of the saints were the only hospitals, and magic the only medicine. The enormous consumption of patent medicines in this country and America proves how near the public, in their beliefs about medical matters, approach to the childish faith of the African savage in fetichism and the medicine-man. The modern belief that diseases, such as fevers, can be cured "if taken in time," smacks of primæval man. If anyone wishes to compare the treatment of bodily diseases with that of insanity, we may

refer them to the works of Drs. Bristowe and Clouston, which may be taken as typical. In the work of the former upon general medicine, philosophic doubt in modern medical methods shines forth from every page; in the work of the latter upon insanity, the treatment, while certainly simple, is physiological and scientific. We believe that the great difficulty in treating the insane is the determination in each case as to what is rest. To one brain absolute quietude may be the only rest, to another rest may mean fresh air and exercise. There is another important point. Extended experience is necessary to give the physician the power of entering into the thoughts of the insane. It is marvellous how a suitable remark may shed a ray of light upon the blind workings of the disordered brain, or afford a thread to the ego in working its way through the labyrinth of mental confusion. Many patients have given us examples of this. Neither in these directions, nor in any other that we can imagine, is much help to be expected from the general body of the medical profession.

In the case of the Lunacy Commissioners, we have completely proved our contentions. We have shown that personal knowledge of the cases is absolutely essential in those to whom the supreme control of the insane world is given, and is absolutely impossible under the present system. We have stigmatised the appointment of Barrister-Commissioners as a ridiculous anomaly, and expressed our firm conviction that the Senior Medical Commissioner is the only member of the Board who can express an authoritative opinion on asylum management, or can examine the mental condition of a dubious case. We have proved that the Commissioners are occupied with utterly trivial details, that the greater part of their work is done by correspondence, and that correspondence is utterly futile when personal investigation is the real requirement. We have seen that for periods of from eight to sixteen months the public asylums are not visited at all by the Commissioners, and that even when the visit does take place, the time is chiefly occupied in the useless performance—the checking of the lunatic roll-call, and that not the slightest attempt is made to investigate the cases of the large number of patients who claim to be sane, nor to ascertain the usual condition of the

asylum, nor the modes of treatment. We have seen that questions of restraint and ill-usage require minute personal investigation, not useless correspondence. We may add that the new Lunacy Bill will have as its chief effect an enormous increase in the already heavy burthen of clerical work, which weighs upon the Commissioners and upon asylum officers.

We have touched upon the subject of the material upon which the asylum physician has to work, and we may pause for a moment to consider this subject. Owing to improvements in sanitation, the prevention of epidemics, and the absence of warfare as a considerable factor, the average duration of life has considerably increased, and this means, that as the human organism has its limit of existence, fresh modes of breakdown are to be expected. Again, as the complexities of modern life and modern trades and occupations increase, so does strain, and the amount of work which the brain has to perform in a certain time. It is not too much to say that we often crowd as much into a day as our grandfathers could do in a week. Telephones, telegraphs and railways have trebled the potentialities of our daily life. The environment of the modern intellectual man is co-extensive with the universe. The objects of intellectual interest are now unnumbered as the stars. The brain has been obliged to make enormous efforts to meet this increase of work, and increase of power in an organ like the brain, undoubtedly means increased delicacy of structure. Insanity is often the expression of an over-wrought brain, and oftener a degeneration of an organ which has exhausted its potentialities. Unfortunately, liabilities may be transmitted to the offspring which may end in the nervous bankruptcy of the family. An increase in the number of cases of insanity, and an increased severity of type, is thus what we might have expected to find, and is what we actually do find. Owing to the improved condition of the asylums, moreover, the insane live longer. This is one source of accumulation. Dr. Tuke says that milder cases are sent into asylums as the public has more confidence, and considers this an advantage. It is really an enormous disadvantage, for mildness by no means implies curability, in fact, it generally implies the opposite, for the asylums are crowded with harmless cases of imbecility and senility, which are now kept alive

by extreme care, whereas, formerly, such cases would have died much more rapidly. The extraordinary argument founded upon the fact that the recovery rate is not greater now than it was a hundred years ago destroys itself. In the first place, Dr. B. Tuke is quite unable to prove that this is the case, and in the second place, supposing it is a fact, the reader will see at once that if the difference between the modern rational treatment of the insane, and the old treatment which, as Dr. Tuke confesses, "consisted mainly of alternate flogging and purgation," if the difference between these two treatments has not resulted in an improved recovery rate, then *a fortiori* we may reasonably doubt whether any imaginable treatment will ever effect so desirable an object. Thus we see that the accumulation of lunatics is in one sense an evidence of the excellent character of our public asylums. The increase in the number of lunatics has thus been fully explained. It is a result of civilisation, a sign of the times.

Our remedial proposals are simple and definite. Everyone must allow that personal knowledge of each fresh case of insanity is desirable in those to whom we entrust the function of protecting the insane. This end can only be gained by the appointment of District Lunacy Inspectors in such numbers that they may be able to pay frequent visits to the asylums, and investigate the cases under their care. We have previously pointed out numerous other advantages to be gained by adopting this plan. The reader will receive full information as to the duties of these inspectors by noting our enumeration of the duties which the Commissioners do not perform. This scheme has been in our minds for many years, but we gladly yield all credit in the matter to Dr. B. Tuke, who has had the courage to publish his convictions. We must add, however, that we deeply regret that he has chosen to mix up with useful suggestions, so much that is false and absolutely mischievous; false by implication rather than by actual argument; mischievous more by suggestion than by statement.

We are in favour of appointing consulting physicians, surgeons, oculists and so forth to the public asylums; but we must remark that consultants to asylums have long been in existence, and have not produced hitherto any remarkable results; and we must state our firm conviction that the chief

gain will be a healthy reaction between the various branches of the profession.

We heartily welcome the proposal to found hospital-asylums, as showing a laudable desire for advance, but we insist that these institutions will differ chiefly in the fact that they will cost more. Now we will let the reader into the real secret of the whole subject. The question is altogether one of cost, and this is a matter which our reformers have been careful to avoid. The truth is, that as long as in asylums the maintenance rate is generally only one-third, and always less than one-half of the rate per head in general hospitals, it will be impossible to compare the two kinds of institutions. If the ratepayer likes to add considerably to the amount of the rates which he pays, no doubt we could improve our asylums in various ways, but it is ridiculous to expect that the same state of things can exist in two institutions, in one of which the cost per patient is fifty or sixty, or even seventy pounds per annum, while in the other it is often as low as twenty pounds, and never more than twenty-seven pounds, per annum. If the necessity for self-support is made less pressing, and the rate per head less of an object, the quality of food could be improved, the medical staff augmented, and opportunities given for extending the modes of treatment now in use. For instance, the use of special attendants for special cases would be more frequent, convalescent homes could be built, and, above all, the overcrowding, so common in asylums, would be no longer necessary, as ample accommodation would be provided by a liberal public. We regard overcrowding as the greatest evil in asylums at the present time. It necessitates the placing of curable cases in unfavourable surroundings, and leads to the treatment of patients *en bloc*. We strongly recommend the London County Council to remedy the crowded condition of some of the asylums they have taken under their care, before they venture upon the task of originating new methods for the treatment of the insane. We wonder that Mr. B. Carter can have the face to enforce the new hospital-asylum system, when the asylums for which he, as a councillor of the County of London, is responsible, are, in many respects, far below the moderate standards obtained in other counties. This, then, is the secret. It is purely a question of pounds, shillings, and

pence. It is not that there is no scientific treatment in asylums, but that superintendents have been forced to be economical, and to submit to overcrowding in order to save the ratepayer's pocket. It is not that asylum physicians do not know what is good for their patients, but that they dare not ask for it. We see then that the true remedy will be found in multiplying the present reception wards of our asylums, and in allowing a larger sum per head to be spent on all cases of less than six months' duration. We have seen that receiving-institutions in large towns would be extremely useful, and we would be glad to see hospitals attached to these. But we have seen also that Dr. Tuke and Mr. Carter have failed to tell us in what manner these hospitals are to differ from the present asylums, or to suggest in what manner the treatment is to differ, or to explain how a lunatic can be anything but a prisoner while he is detained, as in ninety-nine cases out of a hundred he would be, against his will. We insist, finally, that asylum-hospitals would be chiefly useful in so far as they would act (as we propose) as receiving and distributing institutions, as schools for teaching insanity and its treatment to students, and as affording opportunities for a healthy reaction between alienists and the general body of the profession. These are the only expectations which will be realised.

It may perhaps be said that we are prematurely indignant and that no harm has yet been done. But we maintain that much harm will be done if the London County Council, in eagerness for reform, act upon the suggestions of men whose claims to be regarded as authorities on insanity are extremely slight, and have been generally ridiculed by the speciality for which they presume to speak. Insinuating effusions like the article of Dr. B. Tuke, startling inaccuracies such as contained in the speeches of Mr. B. Carter, may lead to considerable evil. They have led the *Times* into publishing second-hand statements, statements which are about as true as were the forged letters. Fortunately, it does not so much matter what the *Times* writes now, as that journal no longer holds the balance for public opinion, but doggedly squats in the scale-pan it has chosen. Our reformers are responsible for such vagaries as "The Surgical Treatment of General Paralysis," suggested by Dr. Clayc Shaw, which has met with no sup-

port, and for the proposal of Dr. Forbes Winslow, who made himself so supremely ridiculous over the Whitechapel murders, a proposal which even the sober *British Medical Journal* stigmatises as "touting for special hospitals," of which, as the editor naively remarks, this enterprising gentleman proposes to make himself "Consulting Physician and Medical Director." We look upon such actions as mere pandering to the public craze for reform, mere attempts to play upon the ignorance of the public, and to pose as leaders in a great movement.

One word more, the public shun asylums and lunatics, and it is impossible to over-rate the mischief which is caused by this manner of regarding insanity. The difficulties of treatment are thereby enormously increased. People of leisure are now-a-days finding much pleasure in visiting the poor and ignorant. There is no place where a word of sympathy from them would be more valued than in asylums. There is an unexplored world of charity at their door.

THE END.